

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Adam Hackett	COURT CASE NUMBER	06-426-KAT
DEFENDANT	Correctional Medical Service's	TYPE OF PROCESS	CIVIL
<b>SERVE</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	Attorney General of State of Delaware 820 N. French St. Wilmington, Del 19801		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	7
Adam Hackett SBE # 329697 D.C.C. 1181 Piddock Rd. Smyrna, Del 19777		Number of parties to be served in this case	1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Attorney General of State of Delaware  
 820 N. French St.  
 Wilmington, Del 19801

Signature of Attorney or other Originator requesting service on behalf of:

Adam Hackett

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

1-08-07

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk BF	Date 1-25-07
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Keith Brady - Asst. State Solicitor

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

 Date of Service: 2/27/07  
 Time: 3:15 pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

 FILED  
 U.S. DISTRICT COURT  
 DISTRICT OF DELAWARE  
 MAR -5 AM 9:44